FEC FORM

STATEMENT OF ORGANIZATION

REGEIVED

2012 NOV 13 PM 12: 22

CODE 1 ORGANIZATION						
FORM 1	! 					FECUMAL CENTER
NAME OF COMMITTEE (in	full)	(Check if na is changed)		ample:If typing, type er the lines.	12FE4M	5
NORTH D	AKOT	A CONGRE	ESSION	NAL CAUCU	S	
ADDRESS (number a	nd street)	P.O.BOX	(39871	6	1111	
(Check if address is changed)		MIAMI BEACH			FL	33239
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) UScongressionalCaucuses@gmail.com (Check if address)						
is change				 		
COMMITTEE'S WEB PAGE ADDRESS (URL)						
(Check if						
is change						
2. DATE Î1 1 8 ° 20 12 °						
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATE	MENT 🔀	NEW (N)	OR [AMENDED (A)		
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.						
Type or Print Name of Treasurer JERRY MCKENDY						
Signature of Treasurer Date 11 th 08° 2012						
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.						
Office Use				For further Information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)